09/902266

plication or Docket Number

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| Ellective October 1, 2000 |                                 |  |                        |                 |                  |            |               |                        |      |                |                          |
|---------------------------|---------------------------------|--|------------------------|-----------------|------------------|------------|---------------|------------------------|------|----------------|--------------------------|
|                           | Claims as                       | S FILED -<br>(Column   |                        | (Colu           | ımn 2)           |            | Small<br>Type | ENTITY                 | OR   | other<br>Small |                          |
| OTAL CLAIMS               |                                 | 62   | - 4                    |                 |                  |            | RATE          | FEE                    | 7    | RATE           | FEE                      |
| OR .                      | .;:                             | : NUXBER   | MED Y                  | - NUME          | ARTICE RE        |            | 302           |                        | OR   | 2000           | 710.00                   |
| OTAL CHÁRGEAI             | BLE CLAIMS                      | 67 min   | us 20= Î               | <u>-46</u>      | ) .              | -          | X\$ 9         |                        | OR   | X\$18=         | 846                      |
| DEPENDENT CL              | AIMS                            | 2 mir  | nus 3 ⇒                | 4               |                  |            | X40=          |                        | OR   | X80=           |                          |
| JETIPLE DEPEN             | DENT CLAIM P                    | RESENT   |                        |                 | M                |            | +135          | 120                    | OR   | +270=          | 326                      |
| considered and t          | in column 1 la                  | less than ze   | ro, enier              | "O" in c        | olumn 2          |            | TOTA          |                        | OR   | TOTAL          | 230                      |
| ©(                        | lalis as a                      | MENDED   | PART                   | <br>700         |                  |            |               | • •                    | ١    | onner          | 4:                       |
|                           | (Column 1)                      | 100  | (Colum                 |                 | (Column 3)       | <u>į</u> . | , swai        | T EMMIA                | OR   | Smarr (        |                          |
|                           | C MARINO<br>RESTRA<br>ANGLEMENT |  | REVEO<br>PAID F        | jer<br>Usly     | PRESENT<br>EXTRA |            | RATE          | .11.                   |      | PLATE          | ADDI-<br>TIONAL          |
| Yotal                     | . 97                            | Winus  | 00 67                  | <u> </u>        | = 30             |            | X\$ 9-        | FEE                    | OR   | X\$18=         | 540.19                   |
| indspondent               | • 14                            | Winus .  | · 7                    |                 | 7                | 1          | X40=          |                        | OR   | X80=           | 522:00                   |
| <u> </u>                  | ntation of M                    |  | <del>*</del>           |                 |                  | ]          | , and         |                        |      | 0.70           | 200.00                   |
|                           | Best av                         | an adi p   | : Coi                  | DY              |                  | · 20       | +135          |                        | OR   | +270=          |                          |
|                           | 11.16                           |  | 7                      |                 |                  |            | ADDIT. F      | EE                     | OR   | ADDIT. FEE     | 1128                     |
| 1                         | (Column 1)                      | in the state of th | (Colum                 |                 | (Column 3)       | ξ,         |               | , y                    |      |                |                          |
|                           | REMAINING<br>AFTER<br>AYERBYERT |  | NUME<br>OIVER<br>OLIGS | BER<br>USLY     | PRESENT<br>EXTRA |            | RATE          | ADDI-<br>TIONAL<br>FEE |      | RATE           | ADDI-<br>TIOP VAL<br>FEE |
| Total                     | . 37                            | Minus :  | · 99                   | <del>7</del> :: | = <i>B</i>       |            | X\$ 9=        |                        | OR   | X\$18≟         |                          |
| Independent               | • 19                            | Minns  | 000 ]                  | 4               | -5               |            | X40=          |                        | OR   | X80=           | 430.00                   |
| FIAST PRESE               | NTATION OF MI                   | JLTIPLE DEP  | ENDENT                 | CLAIM           |                  |            | +135=         |                        | OR   | ÷270 <b></b> ≑ | 10010                    |
|                           |                                 |  |                        |                 |                  | - 1        | TOT           | AL .                   | OR   | YOYAL          |                          |
|                           | (Column 1)                      |  | (Colum                 | an 2)           | (Column 3)       |            | ADOIT, FI     | EE L                   | JO., | ADDIT. FEE     | r 100m                   |
| 1                         | . CLAIMS                        | 1  | HIGH                   | SY              | 1                | ז ור       |               | ADDI-                  | 7    |                | ADDI-                    |
| Total                     | REMAINING<br>AFTER<br>AMENDMENT |  | PREVIO<br>PAID F       | USLY            | PRESENT          |            | RATE          | TIONAL                 |      | RATE           | TIONAL                   |
| Total                     | · 28                            | Winus,   |                        | 7               | = Ø              |            | X\$ 9=        |                        | OR   | X\$18=         | 1                        |
| Independent               | • 3                             | Minus  | 000                    | 9               | = 6              |            | X40=          | _                      | OR   | X80=           |                          |
|                           | ntation of M                    | ULTIPLE DEP  | PROENT                 | CLAIM           |                  |            |               | -                      | Un   |                | -                        |
| FIRST PRESE               |                                 |  |                        |                 |                  |            |               | 11                     | 16   |                | a 1 ·                    |
| FIRST PRESE               |                                 |  |                        |                 |                  |            | +135=         |                        | OR   | +270=          |                          |